RIALTO UNIFIED SCHOOL DISTRICT Classified Voluntary Transfer Request Form

Employee No. Hire Date

Print Name:		Current Job Title:					
Phone No.		Cell Phone No.					
Hours worked per day: Days per year:		Current Location:					
In order of preference, I would like to transfer to the following site/location: Email:							
	Site/Location	Hours pe	r day	Days per year			
Choice #1							
Choice #2							
Choice #3							
This request for transfer shall be valid through June 30 th of the fiscal year submitted to the Personnel Office. This request for transfer may be withdrawn, in writing, at any time prior to official notification of transfer approval By signing this form, I understand that a lateral transfer could result in a voluntary increase/decrease in workday and/or work year.							
			Date receiv	ved in Personnel			

Signature of Employee		Date		
<u>Distribution:</u> P-10	White (Personnel Services)	Yellow (Site Administrator)	Pink (Employee)	Revised 07/2021EN